

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/519389</u>	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
			7 TOTAL AMOUNT OF REFUND \$ 100

10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____	8 TO BE REFUNDED BY: <input type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> </tr> </table>	0	2	--	1	8	1	8
0	2	--	1	8	1	8		

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>Isom</u>	TITLE: _____
SIGNATURE: _____	PHONE: _____
OFFICE: _____	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: <u>9-11-05</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: